1. Proposal Cover Page
   1. Proposer Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization Name | Click here to enter text. | | | Federal ID# | Click here to enter text. |
| Address | Click here to enter text. | | | | |
| Director Name | Click here to enter text. | | | | |
| Director Phone | Click here to enter text. | | | Director Email | Click here to enter text. |
| Contact Name | Click here to enter text. | | | Contact Title | Click here to enter text. |
| Contact Phone | Click here to enter text. | | | Contact Email | Click here to enter text. |
| Proposed Fee for Services | Click here to enter text. | | | | |
| Using Subcontractor? | Yes  No | If yes, Name of Subcontractor | Click here to enter text. | | |

* 1. Certifications

I understand that the San Francisco Department of Treasurer & Tax Collector (TTX) reserves the right to modify contract requirements at the time of funding and/or during the contract agreement negotiations; that a contract may be negotiated for a portion of the amount requested; that funding sources are subject to change; and that there is no contract until a written contract agreement has been signed by both parties and approved by all applicable City agencies.

Submission of a proposal signifies that the proposed services and prices are valid for 180 calendar days from the Proposals Deadline and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

The signatory below is a person authorized to obligate the Proposer to perform the commitments contained in the RFP and proposal. Submission of this document will constitute a representation by the organization that it is willing and able to perform the commitments and requirements contained in the RFP and proposal.

Signature of authorized representative(s):

**Name:** **Title:**

**Signature:** **Date:**

1. **Minimum Qualifications**

The Proposer must demonstrate that it meets all the Minimum Qualifications. The Proposer must include the prior or current program name; funder name; funder contact name, title and email; the start/end dates; and how the Proposer or Subcontractor meets each Minimum Qualification.

1. **At least five years of experience providing fiscal agent services within the past seven years:**

**Yes No (please check). Demonstrate five years of experience below.**

|  |  |
| --- | --- |
| **Prior or Current Program Name** | Click here to enter text. |
| **Funder Name** | Click here to enter text. |
| **Funder Contact Name** | Click here to enter text. |
| **Funder Title** | Click here to enter text. |
| **Funder Email** | Click here to enter text. |
| **Start/End Dates** | Click here to enter text. |
| **How The Proposer or Subcontractor Meets the Minimum Qualification** | Click here to enter text. |

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| --- | --- |
| **Prior or Current Program Name** | Click here to enter text. |
| **Funder Name** | Click here to enter text. |
| **Funder Contact Name** | Click here to enter text. |
| **Funder Title** | Click here to enter text. |
| **Funder Email** | Click here to enter text. |
| **Start/End Dates** | Click here to enter text. |
| **How The Proposer or Subcontractor Meets the Minimum Qualification** | Click here to enter text. |

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| **Prior or Current Program Name** | Click here to enter text. |
| **Funder Name** | Click here to enter text. |
| **Funder Contact Name** | Click here to enter text. |
| **Funder Title** | Click here to enter text. |
| **Funder Email** | Click here to enter text. |
| **Start/End Dates** | Click here to enter text. |
| **How The Proposer or Subcontractor Meets the Minimum Qualification** | Click here to enter text. |

* 1. **Successful completion of two most recent financial audits with no major findings:**

**Yes No (please check).**

* **Attach two most recent audited financial statements and findings.**
  1. **Tax-exempt status: Yes No (please check).**
* **Attach IRS documentation.**

1. **Organizational Capability and Experience**

In no more than four pages, Proposers must provide responses to the following:

1. **Describe agency’s experience delivering fiscal agent services; and the agency’s organizational capability to deliver the services as described in the RFP.**

Click here to enter text.

1. **Describe agency’s accounting software, reporting capability and ability to provide TTX access to online reports and/or reports on demand.**

Click here to enter text.

1. **Describe agency’s experience with fiscal controls and record keeping.**

Click here to enter text.

1. **Program Plan**

In no more than six pages, Proposers must provide responses to the following:

1. **Describe agency’s plan to provide fiscal agent services as described in the RFP. Include any proposed controls and policies that will be put into place as a result of this service.**

Click here to enter text.

1. **Describe agency’s plan to create and maintain accurate records that are in accordance with confidentiality.**

Click here to enter text.

1. **Describe agency’s proposed staffing structure, including job duties, qualifications, and training.**

Click here to enter text.

1. Budget

In no more than one page, Proposers must provide responses to the following:

1. **Describe the agency’s proposed fee for services.**

Click here to enter text.